

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **706044** (5)
1. Corporation Name
TEMPLE TERRACE FAITH ASSEMBLY OF GOD, INC.



Principal Place of Business
**7913 RIVER RIDGE DR
TAMPA FL 33637
US**

Mailing Address
**7913 RIVER RIDGE DR
TAMPA FL 33637
US**

3. Date Incorporated or Qualified **08/15/1963** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 2a. Mailing Address
21 **TEMPLE TERRACE FAITH A/G** 26 **8525 N. 78 ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **8525 N. 78 ST** 27
City & State City & State
23 **TEMPLE TERRACE FL.** 28 **TEMPLE TERRACE FL.**
Zip Zip
24 **33637** 25 **HILLSBOROUGH** 29 **33637** 30 **HILLSBOROUGH**

4. FEI Number **59-1089820** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, LARRY
7913 RIVER RIDGE DR
TEMPLE TERR FL 33637**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUNCAN, ELAINE	
STREET ADDRESS	8524 N. EL PORTAL	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VALENTINE, ALLENE	
STREET ADDRESS	7019 CONIFER DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCLEAN, ROBERT	
STREET ADDRESS	28940 LONGMEADOW LOOP	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MOORE, REV LARRY	
STREET ADDRESS	7913 RIVER RIDGE DR	
CITY-ST-ZIP	TEMPLE TERR FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, JUANITA	
STREET ADDRESS	1319 E. NORFOLK ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VALENTINE, JIMMY	
STREET ADDRESS	7019 CONIFER DR.	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVE GONZALEZ	
1.3 STREET ADDRESS	8511 MISTY RIVER CT	
1.4 CITY-ST-ZIP	TAMPA FL. 33637-4947	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PALMER EMBRY	
2.3 STREET ADDRESS	506 W. 129 ST	
2.4 CITY-ST-ZIP	TAMPA FL. 33612	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STANLEY MCLENDON	
5.3 STREET ADDRESS	19214 ALICE CIRCLE	
5.4 CITY-ST-ZIP	LUTZ FL.	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ERIC LAMBERT	
6.3 STREET ADDRESS	7502 SANIBEL CIRCLE	
6.4 CITY-ST-ZIP	TAMPA FL. 33637	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rev. Larry Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96

Date

813-988-7925

Daytime Phone

CR2E037 (12/95)